

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS STATEMENT (UBS)

APPROVED
AND
FILED

0016952

DOCUMENT # 202000003629

03 OCT 17 AM 9:39

1. Entity Name
LUCKY CHARM OF TAMPA, LLC



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**16509 FOOTHILL DR.
TAMPA FL 33624**

Mailing Address
**16509 FOOTHILL DR.
TAMPA FL 33624**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 34060
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33694

Country
Hillsborough

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ELSHEIKH, MUHAMMAD A
16509 FOOTHILL DR.
TAMPA FL 33624**

7. Name and Address of New Registered Agent
Name **Ali Alchikh**
Street Address (P.O. Box Number is Not Acceptable)
16509 Foothill Dr.
City **Tampa** FL Zip Code **33624**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ali Alchikh** DATE **09.30.03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Muhammad A Elsheikh 16509 Foothill Dr Tampa, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Muhammad A. Elsheikh 16509 Foothill Dr. Tampa, FL 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Manager Ali Alchikh 5308 N. Rome Ave Tampa, FL 33603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023905794 10/17/03--01050--007 **\$5.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Ali Alchikh** DATE **09.30.03** (813) 601-2096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)